

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

254

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUCHANAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST-JOSEPH</u> <u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>METHODIST-HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>708-NORTH-4th St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLORENCE</u>		b. (Middle)		c. (Last) <u>LESTER</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>20</u>		(Year) <u>1951</u>	
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>WHT</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT-30-1868</u>		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>KAY-CO-MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN-VANBEBER</u>		13b. MOTHER'S MAIDEN NAME <u>DO-NOT-KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>HARLEY-C-LESTER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LLOYD-A-LESTER-KANS-CITY-MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42-2</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>Jan 15, 1951</u> to <u>Jan 20, 1951</u> , that I last saw the deceased alive on <u>Jan 20, 1951</u> , and that death occurred at <u>1:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Collis R. Rourke MD</u>				23b. ADDRESS <u>Kempsterwood 18109</u>		23c. DATE SIGNED <u>Jan 22 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ASHLAND</u>		24d. LOCATION (City, town, or county) (State) <u>ST-JOSEPH-MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castles</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney Funeral Home</u>		ADDRESS <u>St. Joseph</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John Roy Stacey

Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.